

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 3/19/14

Address: US 33 / CR 17

Incident #: 14ISPC002292

Goshen, IN

County: Elkhart

Jefferson

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☒ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Flammable Solvents: Vehicle
☒ Water Reactive Metal (Lithium): Vehicle
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: Vehicle
☐ Other (item and location): _____

Vehicle Information:

Owner: Orie Yoder
VIN: 4A3AK34Y5XE057045
Year: 1999

Make: Mitsubishi
Model: Eclipse

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside
or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean

Estimated length of time manufacturing had been
occurring: Unknown

Additional Information: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department City, Township or County Goshen FD Fax: bmgilley35@yahoo.com
Health Department County: Elkhart Fax: Tstill@elkhartcounty.com
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Keith Bikowski Phone 574-546-4900

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.